

WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

of the

Principal School Medical Officer

for the

YEAR 1956

D. A. McCracken, M.D., D.P.H.,

Principal School Medical Officer.

Westgate House,

Bury St. Edmunds.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the report on the work of the School Health Service for the year ended 31st December, 1956.

I am glad to be able to record that the degree of co-operation with other branches of the Health Services and in particular with general medical practitioners and head teachers of schools, has continued to improve. I particularly direct the attention of the Committee to the outbreak of infantile paralysis in the Newmarket area, and to the introduction of vaccination against this disease. The free use of this vaccine has not been helped by the postponement and repeated delays in the delivery of the vaccine from the central authority.

No further improvement in the School Dental Service can be anticipated in view of the apparent impossibility of recruiting dental surgeons to the Public Health Services.

I gratefully acknowledge the keen interest and co-operation in the work of the Department by the Chairman and members of the Education Committee and thank the Chief Education Officer, his staff and the County Architect for their willing assistance throughout the year. The co-operation of the head teachers and their staffs has done much to facilitate the medical and dental work undertaken in the schools. I acknowledge the continued support and sustained work carried out by my own medical and lay staff and in particular the work of Dr. Rae, my deputy, who has been responsible for the preparation of much of the material contained in this report.

I have the honour to be,

Your obedient Servant,

DAVID ANDREW McCracken,

Principal School Medical Officer.

22nd May, 1957.

STAFF OF THE SCHOOL HEALTH SERVICE ON 31-12-56.

<i>Principal School Medical Officer</i>	.. ..	David Andrew McCracken, M.D., D.P.H.
<i>Deputy Principal School Medical Officer</i>	.. ..	Alison J. Rae, M.R.C.S., L.R.C.P., D.P.H.
<i>School Medical Officers</i>	.. ..	T. A. H. Smith, M.B., Ch.B. *G. P. Barclay, M.B., Ch.B., D.P.H. *P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.
<i>Principal School Dental Officer</i>	.. ..	S. H. Pollard, L.D.S.
<i>Dental Officers</i>		J. Dewar, L.D.S. (part-time). R. E. Lee, L.D.S. (part-time).
<i>Superintendent School Nurse/Health Visitor</i>	..	Mrs. Marjorie P. Williams, S.R.N., S.C.M., H.V. Cert.
<i>School Nurses, etc.</i>	.. ..	Sixteen School Nurse/Health Visitors (two part-time) and three Dental Attendants (two part-time).
<i>Speech Therapist</i>		Appointment Vacant.
<i>Administrative Officer, Health Department</i>	..	Miss Dorothy L. R. Kilner
<i>Senior Clerk for School Health Service</i>	.. ..	Mrs. Margaret J. Wells-Gardner

*Also Medical Officer of Health for County Districts.

GENERAL STATISTICS.

The County of West Suffolk has an area of 390,916 acres. The estimated population at mid-1956 was 125,100. There are no county boroughs within the county.

The average number of children on the rolls of the schools during 1956 was 17,327 and the average attendance was 15,688.

At the end of 1956 there were 135 schools in the county, five being grammar schools, nine modern secondary schools, 120 primary schools and one a nursery school. Forty-seven were county schools, 71 controlled voluntary schools and 17 aided voluntary schools. There are no day or residential special schools. Children recommended for special education are placed in residential schools or hostels outside the county.

MEDICAL INSPECTION.

Routine medical inspections took place at most of the schools during the year, and the doctors' findings are recorded in the tables at the end of this report.

Asthma.

One of the most noticeable features at school medical inspections in primary schools during the post-war years has been the relative frequency with which children, especially boys, are reported to be suffering from asthma. Their symptoms are, in nearly every case, quite different from the syndrome usually associated with this diagnosis 20 years ago and the most significant factor seems to be that these children gradually "grow out of it" during the next few years. It leaves no traces in the lungs and is a thing of the past as far as secondary schools are concerned. The children are usually well cared for at home.

There are, as a rule, no signs of disease at the time of the inspection but the children are invariably under treatment or observation either by their own doctor or by a hospital. Usually they seem to have had a good deal of medical attention. Several have been in-patients and most, if not all, are reported to be free from asthma whilst in hospital. Several have been sent to residential schools but few, if any, have had attacks whilst they were there.

The number of such children found at school medical inspections is increasing and the medical officers are considering whether they should be regarded as having psychological defects rather than disease of the lungs. Contrary to expectation, the impression is that not a great deal of school time is being lost by these children, except those who are attending hospital for breathing exercises, but this aspect of the matter is being investigated in more detail during 1957.

Behaviour Problems.

Last year it was noted that the school health service was called upon to deal with an increasing number of "behaviour problems," especially amongst boys of junior school age. This has continued, and the instability of the home backgrounds have been ever more noticeable. Many of these children were at least of average intelligence, and in several cases they were brought before a juvenile court.

Modification of Procedure in a Limited Area.

In the annual report for 1955 mention was made of a modification in the usual procedure with regard to periodic medical inspections, which had been tried out at one large all-age village school considered to be particularly suitable for the experiment. The headmaster was agreeable to the new procedure, and it was continued during 1956.

The school medical officer visited the school monthly and examined, in convenient accommodation, those children who had recently started school life. The opportunity was taken to interview the headmaster and discuss with him and the teachers, children and other matters of interest connected with the school health service. The vision of all children attaining the age of 11 years during the year was tested by the medical officer and boys and girls leaving school during the next year were examined by a male and female medical officer respectively. "Reinspections" were carried out after the interval considered appropriate to each case.

During 1956 the parents of the 24 entrants received individual letters asking them to be present at the medical inspection and 21 accepted the invitation, including some from small villages five or six miles away from the school. The general condition of all except one of the children was satisfactory. None of them had had their tonsils and adenoids removed. Only 10 had scars of vaccination against smallpox. Last year there was one who had never been immunised against diphtheria and this year there were two, a somewhat disquieting feature in view of the fact that nearly every year for the past 10 years all the children in the "leaver" group at this school have been immunised at some time during their lives. The parents who had refused to have their children protected during pre-school years did not attend the inspection. They were visited by the school nurse/health visitor afterwards, but had not changed their minds about immunisation. The 22 who had already been immunised received a re-inforcing dose just before or soon after starting school, either from their own doctor or at the infant welfare centre or at the school.

During 1955 none of the entrants was found to have any defect except dental caries. In 1956 none had acquired defects apart from dental caries but the proportion of those who had been born with defects was extraordinarily high. It was pleasing to find, however, that there had been no delay in seeking medical treatment and that the physical defects, if not always remedied completely, sometimes by long periods of in-patient and out-patient treatment, had been so reduced that no modification of ordinary life or of the school curriculum was necessary by the time the child reached school age. The physical defects in question were dislocation of the hip, spina bifida (failure in union of part of the spine) and inguinal hernia which had been operated upon in infancy. There were also two cases of congenital backwardness. One case was mild and chiefly interesting because he had been under observation and investigation at the hospital ear, nose and throat department before entering school, as being possibly deaf. His speech, somewhat late in starting, was normal. His first few months at school seemed to confirm the opinion that his hearing is normal, but he will be watched for some time yet. The defect in the other child was more marked, intellectual being combined with emotional backwardness and a lack of robustness, although height and weight were average, which led to her general condition being classed as unsatisfactory. Discussion took place between parent, teacher and medical officer and it was decided that the appropriate place for her, at any rate for the time being, is the ordinary school and certainly not a residential school, even if the parent had been willing for her to leave home.

All the children, except the last mentioned, responded at once to vision testing with the "E" chart. Success in the use of this test has been remarkable at this school during the past two years, but the medical officer concerned attributes this to the fact that she tests only a few children on each occasion and none at the end of the day, and that in so far as the child is concerned, it is merely one item of the varied programme of medical inspection. She has remarked that she would not like to test a large group of children by this means.

None of the entrants in 1955 and 1956 was wearing glasses or was scarred by burns or other accidents. This is probably by chance and due to the small number concerned, for these are not uncommon findings amongst entrants in this county.

The attention of the parents was drawn to the fact that there were still insufficient school dental surgeons to enable regular visits to be paid to this school and they were advised to take their children meanwhile to dental surgeons working in the National Health Service, for regular inspection and any necessary treatment.

The tendency shown for the immunisation rate against diphtheria to fall slightly has already been commented upon, and also the lowness of the vaccination rate against smallpox. One mother said that repeated attempts to vaccinate her child had been unsuccessful. Such statements are heard sufficiently often at welfare centres in the county to give rise to some concern, although they form a very small proportion of all vaccinations. The mothers invariably seem quite unperturbed.

As was the case last year, none of the children whose vision was tested during the year of their eleventh birthday were found to have defective vision except those who were already attending the hospital's children's eye clinics or an ophthalmic practitioner. Two of them had had their tonsils and adenoids removed, both between their fifth and seventh birthdays.

Amongst the "leaver" group no defect requiring treatment was found except with regard to vision and, in each case except one, where the defect was slight and hitherto unappreciated, the children were

already being treated. Some of those for whom glasses had been prescribed for wearing at school only, were expecting to be told that they no longer needed to wear them when they paid their next visit to the eye clinic. The medical officer had formed the opinion that an appreciable proportion of children with weak spectacles for school wear only, do not wear their glasses much during their last years at school. After consultation with the ophthalmologist it was decided, in suitable cases, to regard this as a trial period as to whether they were symptomless without them. There was no physical reason for advising any of the "leavers" against any particular type of employment, except one who suffered from a severe spinal curvature of congenital origin. Her shortness and deformed appearance would inevitably limit her choice of work although it did not interfere to any appreciable extent with her school life. She expected to be employed as a learner-weaver at a silk factory in the near-by town, where a part of the Queen's coronation robe was woven.

Another feature which is being tried out at this school is to differentiate between entrants and leavers with regard to the attendance of parents at the inspection. As has been previously stated, every effort is made to secure the presence of the mothers of the entrants, and at this school conditions are such that no difficulties are created by their attendance. With regard to the "leaver" group, however, one cannot altogether agree with the views expressed by some headmasters that the feelings of the boys in this matter should be respected but not those of the girls, or that they are necessarily different. Word is sent to the parents of these adolescents as to when the inspection is to be held and that they may attend, but no particular steps are taken to encourage them all to do so as a matter of routine. Whenever some point arises during the examination which suggests that it would be advantageous for the doctor to interview the parents it has invariably been found that, when the particular reason has been explained, the child concerned is most co-operative in producing the parent either at a convenient time that same day or a month later, or in arranging for the school nurse/health visitor or the medical officer, if appropriate, to visit the home for the purpose. As the doctor is also the medical officer at the monthly infant welfare centre which is held next door to the school, mothers wishing for advice about their school children can not only inform the school but can seek an interview direct by enquiring at the centre.

It has been found, however, that during the past two years the number of special examinations (apart from those with regard to fitness for employment out of school hours, the value of which, as a routine, is questioned), which was never high, has not increased but has decreased. It is noted that other principal school medical officers who have tried out a system of more frequent visits to schools have remarked upon the same thing. It is believed that in this county, at any rate, this is a matter for congratulation and is one of the benefits of the higher standard of living in this agricultural area, and of the National Health Service. It is now relatively rare for parents not to seek advice from their own doctors immediately they suspect that all is not right with the health of their children. It is the practice for school nurse/health visitors, if they come across children who appear to be in need of medical attention, to advise the parents to consult their own doctor about the matter, rather than to wait for the next school medical inspection or even the day of the next infant welfare centre, if there is one near-by.

It is considered that one of the advantages of the procedure under review is that the real needs of the children are more apparent and that it makes it easier to evaluate the various activities of the county health and allied services. It is more flexible and facilitates concentration where it is most needed for the time being. Not unimportant is the stimulus it gives to the school medical officer, but it depends for its results more upon individuals and is not, therefore, suitable where there are frequent changes of staff.

Defects found at Entrant Examination and Proportion not already under Treatment.

Towards the end of the year a medical inspector of the Ministry of Health drew attention to the high percentage of children in the country as a whole who were found to be defective when examined as school entrants.

It was contended that in this area physical defects requiring treatment in pre-school years did not, save in rare or relatively unimportant cases, remain undetected and untreated until the child went to school, although in many cases, such as squints or defective vision, treatment might not have been completed before the child started school and indeed, might need to be continued throughout life.

When the National Health Service had been in force for eighteen months records were kept as to whether children found at periodic medical inspections to be in need of treatment, were in fact already receiving it when seen by the school doctor. Certain of these findings were published in the Principal School Medical Officer's annual report for 1950. Although it was felt that the position had not deteriorated since that time, there were no recent figures available to support this impression.

To have re-examined all the record cards of children inspected during 1956 would have been an enormous undertaking, but a sample was taken at random consisting of the cards of 450 of the 1,675 entrants examined during the year. Although the numbers are small it is felt that they are a rough indication of the position. Apart from dental and speech defects, for which treatment is provided, as far as professional staff is available, by the education authority, all the defects noted in these children at their entrant examination are tabulated below, using the Ministry of Education classification but giving more detail in certain groups.

<i>Type of defect.</i>	<i>Number requiring treatment.</i>	<i>Number of these not already receiving treatment.</i>
Skin (urticaria, naevus, abscess)	3	—
Vision and/or squint	21	3 (slight visual defects without squints)
Ears (intermittent otorrhoea— none at examination)	2	—
Defects of tonsils and adenoids	9	1 (i.e. number not already seen at hos- pital and placed on waiting list).
Lungs—all “asthma”	3	—
Development: (a) Hernia	1	—
(b) Congenital short leg, deformed feet, cleft palate	3	—
Orthopaedic: (a) Flat feet or Knock knee and flat feet	3	2
(b) Fracture, burn scar tissue	2	—
Nervous system—epilepsy	1	—
Psychological: (a) Development	1	—
(b) Enuresis	2	—
Other (diabetes, cystitis)	2	—

It will be seen that in so far as such small numbers have any value, the figures amply support the contention that, in this county, physical defects requiring treatment in pre-school years are not to any material extent remaining undetected and untreated. During 1957 a similar analysis is being made of all defects found to require treatment or observation, the figures being kept separately for entrant, intermediate and leaver age groups.

An interesting point which emerged from this preliminary survey, was that whilst the number and nature of the defects noted as requiring treatment differed little between the various medical officers carrying out the examinations, there were wide variations both in the number and nature of defects which were considered by these medical officers to be in need of observation, especially in respect of the younger children.

Schools Clinics

No minor ailment clinics were held but, where necessary, children were seen at the weekly clinic held in Bury St. Edmunds or at certain infant welfare centres. A list of these centres appears below. Most of the children attended for inoculation against diphtheria, for examination regarding their fitness for employment outside school hours, because they were thought to need some modification of school routine or because their behaviour or education progress was causing concern.

Bury St. Edmunds	Lower Baxter Street Clinic	Saturday mornings
Hadleigh	Congregational Church Schoolroom	1st & 3rd Mondays in each month
Long Melford	Village Hall	1st Tuesday ..
Newmarket	Fitzroy Street	1st & 3rd Tuesdays ..
Bildeston	Chapel Schoolroom	1st Wednesday ..
Wickhambrook	Women's Institute Hall	1st Thursday ..
Elmswell	School Dining Hall	1st Thursday ..
Sudbury	Youth Club Premises	1st & 3rd Thursdays ..
Mildenhall	Bunbury Rooms	1st Friday ..
Haverhill	Welfare Hall, Lordscroft Lane	1st & 3rd Fridays ..
Lavenham	Guildhall	2nd Tuesday ..
Clare	British Legion Hall	2nd Tuesday ..
Boxford	Village Hall	2nd Wednesday ..
Rickinghall	Village Hall	2nd Thursday ..
Great Waldingfield	Acton Aerodrome	2nd Friday ..
Nayland	Congregational Church Room	3rd Wednesday ..
Ixworth	Village Hall	3rd Thursday ..
Rougham	Village Hall	3rd Friday ..
Glemsford	Old School	4th Tuesday ..
Badwell Ash	Church Hall	4th Tuesday ..
Brandon	Church Institute	4th Tuesday ..
Lakenheath	Peace Memorial Hall	4th Thursday ..
Gt. Cornard	Church Hall	4th Friday ..
Barrow	Village Hall	4th Friday ..

HANDICAPPED PUPILS.

Blind and Partially Sighted Pupils.

There were no educable blind children in the county. Two partially sighted children attended a special school, and seven whose vision, even with glasses, was very poor, were adequately catered for in ordinary schools. Part-time home tuition was given to a partially sighted boy for whom residential education was not advised.

Deaf and Partially Deaf Pupils.

Eleven deaf and two partially deaf children attended special schools. One deaf and one partially deaf child were on the waiting list at the end of the year, and have since been admitted.

Four children having hearing aids attended ordinary schools.

Delicate Pupils.

Three delicate children attended special schools, one for a period of eleven months and one for three months. The third child's family left the county whilst she was still away at a special school where she had spent five months.

At the end of the year two boys were awaiting admission to a special school in January, 1957. Both were offered places in December but their parents asked that they might spend Christmas at home.

Of these five children, three were asthmatic, one was suffering from bronchiectasis and one from general debility.

Periods of part-time home tuition were provided for four delicate children, two recovering respectively from the effects of poliomyelitis and rheumatic fever (and both of whom later returned to their ordinary schools) and two suffering from nephritis.

A fifth child, suffering from tuberculosis, also received home tuition for a time before returning to school, and is included here for convenience.

Seven children were known to be diabetic. They were attending ordinary schools and were able to lead more or less normal lives.

Educationally Subnormal Pupils.

Eighteen children attended special schools, including one boy whose hearing was defective but who appeared to be suitably placed.

Epileptic Pupils.

Three epileptic children attended a special school. At the end of the year there were 30 children with histories of fits, attending ordinary schools. Few were reported to have had fits in school.

Maladjusted Pupils.

At the end of the year three maladjusted boys were attending special residential schools. One boy was on the waiting list for admission, and a place was being sought for one girl. Two boys were at suitable independent boarding schools. Another girl spent part of the year in a hostel for maladjusted children but her parents refused to let her return after the Christmas holidays. Forty-one children attending ordinary maintained schools were seen as new cases at the child psychiatry clinics provided by the Regional Hospital Board.

Pupils Suffering from Speech Defects.

In spite of repeated advertising, it proved impossible to replace the speech therapist, who resigned her appointment at the end of 1955. This meant that no speech therapy could be provided by the education authority. A list was kept of all children who would normally have been referred to the therapist, so that they could be reviewed at such time as a therapist was appointed.

Physically Handicapped Pupils.

Two children, both crippled by poliomyelitis, attended special schools during the year, one of them being already in such a school when his parents came to live in West Suffolk. It is gratifying to report that the other, after prolonged surgical treatment, was able to resume ordinary grammar school education with the help of motor transport and a wheel-chair.

Education in Hospitals.

Nineteen children received education in hospitals outside the county, and one West Suffolk child was taught by a peripatetic teacher at Newmarket General Hospital.

Ineducable children.

No children were reported to the local health authority under Section 57 (3) of the Education Act, as being ineducable, but at the end of the year there were six probably ineducable children, aged five years and over, excluded from school because of mental disability and being kept under observation with a view to re-testing at a later date. /

INFECTIOUS DISEASES.

Poliomyelitis.

In December, 1956, and January, 1957, eight cases of poliomyelitis (two adults and six school children) occurred in the Newmarket area. A girl attending Exning county primary school unfortunately died of the disease. Five patients were non-paralytic, but all were admitted to an isolation hospital.

Careful investigations were made by Dr. R. H. Clayton, medical officer of health for Newmarket Urban and Mildenhall Rural districts, in consultation with me, and all school children who had been in close contact with the patients, whether at home, in school or in the school omnibus, were excluded from school. This also applied to children at a private school where one case of poliomyelitis occurred.

Because of the large number of contacts at Newmarket All Saints' Infants' School it was decided to close this school on 11th December, that is, eight days before the normal end of term.

Children who have had Poliomyelitis during the past ten years.

In 31 children of school age or under this disease has been notified and subsequently confirmed. During the first year of the period under review four further cases, in which the diagnosis was neither confirmed nor rejected and in which no paralysis remained, were notified. These have been excluded from the survey.

Two of the children moved out of the county soon after the acute phase of the disease had passed. At that time both had slight paralysis but their present whereabouts are unknown and no information is available as to any further recovery which may have occurred.

During the ten years, two children paralysed by the disease have come to live in West Suffolk. It is not known how many children have moved into the county after having made a complete recovery from poliomyelitis.

The following table shows the present position:—

Year of attack	No. of confirmed cases	Paralytic	Non-paralytic	Died at onset	Moved out of county soon after onset	Recovery complete	Present Condition		Moved into area after an attack
							Paralysis slight	Paralysis Severe	
1947	4	2	2	—	—	2	2	—	—
1948	—	—	—	—	—	—	—	—	—
1949	6	3	3	1	—	4	1	—	—
1950	—	—	—	—	—	—	—	—	—
1951	1	—	1	—	—	1	—	+1	moved into W. Suffolk 1954 moved into W. Suffolk 1956
1952	3	1	2	—	1	2	—	+1	
1953	5	4	1	1	—	2	—	2	
1954	3	3	—	—	1	1	—	1	—
1955	3	2	1	—	—	2	1	—	—
1956	6*	2	4	1	—	4	1	—	—
	31	17	14	3	2	18	5	5	+ 2

*These cases occurred near the end of 1956.

It will be noted that, apart from the children who were attacked at the end of 1956, four are reported to have slight residual paralysis. Although at the onset some were in hospital for a few months and were taught there, all were back in ordinary schools before long or started at ordinary schools when they reached school age. All are able to lead normal lives, cycling, playing football, etc., without modification of the school curriculum except in so far as some apparatus work in the gymnasium and competitive sports are concerned. The left arm is affected in one case and one leg in each of the other cases. Although certain avenues of employment are closed to these children the variety open to them has not been greatly lessened by poliomyelitis.

Of the five children who are severely crippled, one, attacked at seven months, is not yet three years old. As both her legs are affected she is having physiotherapy at a hospital out-patients' department. It is hoped that she will eventually be able to walk and attend the nearby one-storey school by the time she reaches school age.

Two others have each had about eighteen months' in-patient treatment at hospital schools and one of them who lives in a very rural area had a short period of home teaching after discharge. Both are now able to attend ordinary primary schools, walking with the aid of surgical appliances. One is wheeled to school in a chair and the other is wheeled to the place where a taxi picks up a group of children and conveys them to school. Their upper limbs are not affected. They attend the hospital orthopaedic clinic as required.

Of the two children who moved into this area four and three years after being attacked, one was taken ill when ten months old and now, aged five years, is at a special school for crippled boys at Bournemouth admission to which had been arranged before he came to West Suffolk. The extent of his paralysis is no more than in the two preceding cases and he is described as "a lively, active boy in spite of both legs being in irons." His parents have, however, moved house six times in the last five years and have usually lived in very isolated places. He is one of a large family and home conditions in the past have not been good. He has been at various hospitals and hospital schools since the onset of his illness but comes home for holidays. In the circumstances it is felt advisable for him to continue at a residential school at any rate for the time being.

The last, and by far the most severe case, is perhaps the most interesting. She was at the end of her first year at a grammar school in Yorkshire when she had a very severe attack and nearly all her muscles were affected. Six years later she is still unable to sit herself up or turn herself in bed. Laced in her leg and trunk apparatus and put on her feet she can now shuffle a few steps with support. She can sit in a chair and she can now use her hands and arms fairly well.

When her parents came to West Suffolk in 1954 she was moved from a long-stay hospital in Yorkshire and went to Halliwick School for Crippled Girls near London. For the next two years she spent much of her time in the London Hospital, whose orthopaedic surgeon is on the staff of Halliwick School, for her lack of mobility had led to complications in various organs, to alleviate which several serious operations were performed.

When she had recovered from these she was most anxious to take her general certificate of education, not at the special school but at an ordinary grammar school. She cannot travel by the school 'bus, but the education authority has arranged for her to be taken by taxi daily from her home to the nearest grammar school, nine miles away. There she is carried up the stairs by the taxi driver and the school caretaker and placed in her wheelchair. All the classrooms, other than the practical rooms, are on the first floor, and she uses the adjacent cloakroom. She remains on this floor all day, her dinner is taken up to her and she is helped when necessary by the girls in the pre-nursing course at that school. She cannot take part in domestic science or physical education, but is given extra help in subjects in which her education has been deficient. By the end of the year she had successfully completed her first term at this school, and this reflects great credit upon all concerned and especially upon the headmistress, who has taken such a calm attitude towards the matter.

This girl seems to have more than the usual ability for telling children's stories and it may be that her talent will develop and provide her, not only with occupation but also with a livelihood.

Vaccination against Poliomyelitis.

Following the Minister of Health's announcements that a limited amount of poliomyelitis vaccine would be available for use by local health medical officers during May and June, 1956, circulars to this effect, incorporating application forms, were sent to all primary and private schools in the county. Headmasters were asked to issue them to all families with children born in the years 1947 to 1954. This was in addition to other methods of publicity such as notices at infant welfare centres and in local newspapers, etc. 3,350 applications were received, equivalent to some 22 per cent. of the children in the appropriate age group, and approximately 320 of these were born in the months and years eventually selected by the Minister for treatment during 1956.

To avoid waste of vaccine, which was received mainly in bottles containing ten doses, all of which had to be used within a day of the bottle being opened, all inoculations were carried out at clinics, the assistant county medical officers/school medical officers, school nurse/health visitors and school health service clerks being used for the purpose. The clerical work was done as far as possible during the school holidays.

A relatively high proportion of the applications were from families in the middle and higher income groups and, as was to be expected, the numbers failing to keep appointments were few. No local or general reactions were reported and in only two cases was the second dose refused, one apparently because the child developed chickenpox a few days after having the first dose.

Children who had their first doses after the beginning of June were given their second doses during the second week in December, and by the end of the year 310 children had completed the treatment.

In preparation for the inoculation during 1957 of the remaining registered children, all doctors practising in West Suffolk were informed that they could, if they wished, apply to the County Medical Officer for vaccine for any of their child patients who had been registered for inoculation in March, 1956, and that they would be notified when the vaccine in single doses was available for them. They were told that these children would not be given appointments at the county's inoculation clinics. The doctors

were also given particulars of the storage requirements of the vaccine. Within the first month applications for vaccine for only seven children were received from practitioners, and many of them informed the County Medical Officer that they did not intend to vaccinate children on their lists, at any rate for the time being.

Poliomyelitis vaccinations caused no interference with the usual work of the school health service during 1956.

Immunisation against Diphtheria and Whooping Cough.

Parents whose children had not been inoculated against diphtheria, or had not been given re-inforcing inoculations, before admission to school, were urged to let them be treated by their private doctors or at schools or clinics. Combined inoculations against diphtheria and whooping cough were given at clinics when requested by parents.

Thanks are due to headmasters and headmistresses for their help and interest in this work.

The following table shows the number of school children treated, the figures given for private practitioners being those received from the practitioners themselves:

		<i>Private Practitioners.</i>	<i>School Medical Officers.</i>
Inoculations against diphtheria	{ Primary	6	203
	{ Reinforcing	85	879
Inoculations against whooping cough	{ Primary	8	—
	{ Reinforcing	—	—
Combined inoculations against diphtheria and whooping cough	{ Primary	13	8
	{ Reinforcing	116	2

“B.C.G.” Inoculation.

The inoculation with “B.C.G.” vaccine of susceptible child contacts of tuberculosis was continued by Dr. Hay, the chest physician, whose services the County Council share with the East Anglian Regional Hospital Board for this purpose. During 1956, 24 school children were treated.

Winter Vomiting.

From time to time during the late autumn, winter and early spring, outbreaks of slight transitory illness have occurred at several schools in the county, in this and previous years. In every case recovery has been rapid and complete and very rarely has a doctor been consulted.

Teachers usually recalled one or two preliminary cases of children being away for a day or two with mild symptoms such as nausea, vomiting, diarrhoea, abdominal pains or merely feeling “off-colour.” This was followed a few days later by several children being attacked, usually in the afternoon, having left home feeling quite well. Cases continued to occur during the next few days and then the outbreak was over. Although school dinners were sometimes suspected, especially when the entire school took the meal, investigation soon showed that this was not the cause.

The illness usually lasted only a few hours. The main difficulty lay in the nature of the symptoms and the suddenness of the onset, vomiting and precipitate defaecation sometimes occurring in the classrooms. Staff were also attacked, but amongst adults the symptoms were mainly nausea and pains in the head, abdomen and elsewhere.

Similar outbreaks have occurred during the past three years at residential nurseries and Old People’s Homes in this county. The symptoms in the very old people approximated more closely to those of the young children and, as was to be expected, they took longer to recover. Several of the staff continued on duty experiencing nothing more than nausea, loss of appetite and lassitude. Distortions of smell and taste lasting several days have been recorded.

VERMINOUS CHILDREN.

The school nurses carried out 57,957 head inspections and found 160 individual children verminous—a proportion of 1.02 of the average number of children in attendance at school. This slight increase over last year’s proportion of 0.87 is mainly accounted for by the nurses’ finding an unusually high number of children with nits at two large schools. Live vermin were seldom found.

The nurses’ practice is to inspect all the children’s heads termly and to get in touch with the parents of all found to have live vermin or nits, giving them printed directions for cleansing and, if necessary, an emulsion. Small-tooth combs are lent or sold to parents requiring them. Where desirable the children are excluded from school. In any case they are followed-up by the nurses until their freedom from vermin is assured.

EMPLOYMENT OF CHILDREN OUTSIDE SCHOOL HOURS.

In accordance with the county council's byelaws the school doctors examined 196 children wishing to follow employment outside school hours. In no instance was a certificate of fitness withheld.

MEDICAL AND DENTAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

The medical officers inspected children in the long-term care of the County Council, doing most of this work in the school summer holidays, and the dental officers inspected all aged three years and over. Special examinations were also carried out when asked for by the Children's Officer and, as in previous years, a number of children boarded out in this county by the East Suffolk County Council were examined on behalf of that authority.

EXAMINATION OF ENTRANTS TO COURSES OF TRAINING IN TEACHING AND THE TEACHING PROFESSION.

In accordance with Ministry of Education Circular 249 the school medical officers examined 38 entrants to teachers' training colleges and 13 entrants to the teaching profession.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

Staff.

The staffing position is the same as in 1955 and is equivalent to approximately two full-time officers available for the school dental service. In effect the position has become slightly worse owing to the increase in the number of school children. The present ratio in West Suffolk is one dental officer to every 8,500 children.

The provision of a complete service requires at least one dental officer to 3,000 children. There is no prospect of any considerable increase in dental man-power in the country for many years and, as no effective steps have been taken to make the public health service (for the "priority classes") more attractive than general practice, there is little hope of providing an effective school dental service by recruiting further dental officers.

Other possible means of dealing with the problem are dental ancillaries and prevention.

Dental Ancillaries.

The Dentists Act, 1956, provides for the training of ancillary dental workers, who in local authority services would be permitted to scale and fill teeth and to extract deciduous teeth under the direction of a dental surgeon. These ancillaries would have an obvious place in an under-staffed school service. There is, however, considerable opposition to their introduction and no relief can be looked for from this source until an experiment in the training and employment of such workers has been undertaken and assessed.

Prevention.

Much could be done to reduce the need for dental treatment by preventive measures. The incidence of dental decay is very high in West Suffolk and could be alleviated by attention to oral hygiene and a reduction in the consumption of refined sugar. It has been stated that the consumption of cakes and pastries is higher, and that of bread lower, in East Anglia than in other parts of the country.

It may also be noted that water supplies in West Suffolk are lacking in fluorine. There is no doubt in my opinion that the fluoridation of water supplies, while not eliminating dental decay, would certainly reduce the incidence to more manageable proportions.

Inspection and Treatment.

The number of children inspected was higher than in previous years but, owing to the illness of a dental officer, the number treated shows a decrease. Since the "carry over" to the next year of children inspected but not yet treated, is greater than usual, a true comparison cannot be made with previous years' figures.

Treatment Premises.

During the year a room at Hardwicke House, Sudbury, has become available for use as a dental surgery, and it is planned to instal up-to-date equipment during 1957.

S. H. POLLARD,

Principal School Dental Officer.

PROVISION OF MEALS AND MILK IN SCHOOL.

The Chief Education Officer has kindly furnished the following report:

During 1956, there has been a continued increase in the number of meals served from the Committee's Canteens and Central Kitchens. During the Spring term, the daily average number was approximately 9,320, during the Summer term the figure was 9,620, and a new record high number was achieved for the Autumn Term—9,720. Of this total an average of about 180 meals a day were supplied to independent schools in Bury St. Edmunds, Newmarket and Hadleigh.

The cost of providing meals has continued to increase. For the financial year 1955/56, the overhead cost was 10.28d. per meal, and it is estimated that this will rise to 11.01d. per meal for 1956/57. The cost of food in the year 1955/56 was 9.08d. while it is estimated that for the current year, this will rise to 9.80d.

During the year a new kitchen was opened at Barningham V.P. School to take the place of the former wooden hut. A meals service has been commenced at Walsham-le-Willows V.P. School and Gt. Thurlow V.P. School, the former meals being delivered from Bury Central Kitchen and the latter by private contractor from Kedington V.P. School Canteen.

There are now no schools using paraffin oil for cooking and oil is only used in about three schools for heating water for washing-up.

There are now no kitchens without a piped supply of water, and only two where a supply of electricity is not available. At the end of 1956 there were only 15 schools where meals were not provided.

It was necessary for Mrs. Handlen, the Schools Meals Organiser, to retire during the year owing to ill health, and since July her work has been carried out by Mrs. M. M. Gilchrist, who has now been appointed Senior School Meals Adviser. It is still being found difficult to fill other posts in the service, particularly those of Supervisor and Cook/Supervisor, and the Committee have, where possible, filled vacancies from existing staff after some training by the Senior School Meals Adviser and her Assistant.

Milk in Schools.

One-third of a pint of milk (either pasteurised tuberculin tested, pasteurised or tuberculin tested) was available on every school day to every child attending a maintained school. On a day chosen at random in October, 12,848 children had milk, representing about 74 per cent. of the school population.

The following samples were taken:

					<i>Passed</i>	<i>Failed</i>	<i>Invalid or not Tested</i>	<i>Total</i>
Pasteurised Milk:								
Phosphatase Test	..	..	..	..	113	2	—	115
Methylene Blue Test	..	..	..	..	104	3	8	115
Tuberculin Tested Milk:								
Biological Examination	..	..	..	..	5	—	1	6
Methylene Blue Test	..	..	..	..	5	—	1	6

The causes of the failures were investigated with a view to preventing recurrence.

PHYSICAL EDUCATION.

I am also indebted to the Chief Education Officer for the following report:

The improvement of facilities and provision of apparatus continues throughout the County and many of the Primary Schools now have paved playgrounds, grass playing space and an empty room which can be used as a hall.

Many demonstration classes have been given in both Primary and Secondary Schools.

Playingfields.

Extensions to the playingfields at the Silver Jubilee Schools have been sown, and the cinder athletics track is now being constructed.

Games—Girls.

The County Hockey Tournament held at Bury St. Edmunds was attended by 15 teams from 10 schools.

The Senior Netball Rally, held at Beyton Modern Secondary School, was attended by 31 teams from 16 schools, and the Junior Netball Rally, at Houldsworth Valley Primary School, Newmarket, by 23 teams from 13 schools.

The West Suffolk Tennis Tournament was held at Newmarket Lawn Tennis Club and was again very successful and very well attended, not only by West Suffolk schools but by schools from East Suffolk, Ipswich, Cambridge and Stowmarket.

Games—Boys.

The Inter-schools Cross Country Race was held for the second year, this time at Mildenhall, when the trophy was won by Newmarket Modern Secondary School.

The Inter-schools Soccer Competition again proved successful and the County side competed in the English Schools Shield Competition. Rugby and Rowing have been gradually introduced where facilities permit in an attempt to widen the games experiences of children in the county. In this connection also a county party of boys and girls from all types of schools were taken to Arosa, Switzerland, for a Winter Sports Holiday. Daily ski-ing instruction and practice were an integral part of the programme. All members of the party could ski before returning and took part in a Cross Country Ski run.

Athletics.

West Suffolk again won the County Championship for the fifth year in succession at Felixstowe—H.R.H. the Duke of Edinburgh presented the Trophy. We were well represented at the All England Schools Athletics Meeting. Two West Suffolk boys won their events—one equalling the English Schools Hurdles Record (under 15 years). Five children received standard attainment medals.

The improvement in facilities now being provided by the new secondary schools, in conjunction with improvements in primary schools, are having a very beneficial effect as results show. There is a general all-round improvement in attainment.

Staffing.

The staffing position over the whole area shows little improvement. There is still a severe shortage of specialist, fully trained teachers and the outlook for the Secondary Schools is particularly sad when one considers the excellent facilities now provided.

SCHOOL BUILDINGS.

Thanks are due to the County Architect for the following report:

“Work on the erection of the Secondary Modern School at Ixworth has made good progress and it will be ready for occupation shortly. With regard to the extensions at Mildenhall Secondary Modern School, these should be completed by September.

“The erection of the Secondary Modern School at Stoke-by-Nayland was commenced in May, 1956, the conversion of the Sudbury High School for Girls to a Bilateral was commenced in October, 1956, and the extensions at Hadleigh Secondary Modern, consisting of two classrooms and library, was commenced in September, 1956; good progress is being made with all contracts.

“The additions at Barningham Controlled V. and Tollgate County Primary Schools were completed and taken into use in time for the commencement of the Autumn Term.

“Although tenders were obtained during the year for the new Primary School at Nayland, work will not actually commence until February, 1957.

“Pressure of work has also prevented tenders for the additions at Barrow and Boxford C.V. Schools from being obtained earlier but these works should commence shortly.

“Decorations were carried out to all the secondary schools with the exception of Mildenhall Modern and Sudbury High, where major works were in progress, and the new schools at Beyton and Clare; also to 18 Primary School premises. The Committee’s policy of carrying out certain minor improvements such as providing exhibition boards, and roller type blackboards has been continued.

“Other works include new or extensions to paved surfaces at 6, resurfacing at a further 3 primary schools, piped water supplies to 6 and basins in 5, also improvements to Sanitary Offices at Bury St. Edmunds Victoria Infants’ C.V. and at Exning C.P. Schools. The Committee’s policy of improving electrical installations has continued.”

The Chief Medical Officer to the Ministry of Education has hoped that principal school medical officers will comment in their annual reports on the effect of new premises on the health and attendance of pupils. It is noted that various surveys have been carried out in other areas along these lines and that

the findings of the medical officers are inconclusive, but that teachers and educational administrators are said to be convinced that new schools have a good effect upon the children.

No formal surveys are contemplated at present in this county to compare the health of children in our best and worst school buildings as there are no schools otherwise comparable. School medical officers working here have, however, already commented upon the outstandingly good deportment and general alertness of the children at certain modern secondary schools. It is felt that the improvement in the health of these children has been mainly in those most important features for which we have as yet no measuring standards and is connected more with mental than with physical health. In every case the schools in question have been either new ones or old ones brought up to reasonably good building standards, even if temporarily overcrowded. It has been equally apparent to the medical officers that good buildings do not by themselves bring about marked improvement.

A general practitioner, who was formerly a school medical officer, has recently voiced the opinion that, today, the most important contribution the local education authority can make towards the health of school children, is the provision of first-rate teachers. It seems generally agreed that good buildings are not only of importance in securing a good staff but in stimulating them and enabling them to continue to give of their best.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

The following information is taken from a report received from the Society's local Inspector:

During 1956 there were 161 new West Suffolk cases dealt with by the Society, affecting the welfare of 268 children of school age and 62 children under the age of five years.

812 supervision visits were paid to "old cases," six enquiries were made on behalf of other branches of the Society and 1,047 miscellaneous visits were paid. These figures relate to children of all ages.

Court proceedings were taken in seven instances.

In four cases during the year, a total of 11 children and their parents who through unfortunate circumstances were homeless, were found houses, furniture, bedding and other necessities. The Society's efforts on these families' behalf proved successful in every way.

The Inspector continues: "There was a great increase in cases of neglect this year. It is somewhat alarming that the number of fathers who refuse to work is on the increase, and this, being a form of neglect, no doubt explains the increase in this type of case. Warnings are given in these cases, and where no effort is shown then a statement is taken from the mother, proving hardship, and the man is brought before the court for failing to provide. Most of these men live on national assistance and every other possible source of help. They openly question why they should work when they can get just as much from the National Assistance Board."

The help and co-operation of the Society's Inspectors is always very much appreciated.

STATISTICS.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants (mainly born in 1951 or in 1950 but not examined previously)	..	..	..	1,675		
Second Age Group (mainly born in 1945 or in 1944 but not examined in 1955)	..	..	835			
Third Age Group (mainly born in 1942 or 1941)	..	..	..	834		
			Total	..	..	3,344
Number of Additional Periodic Inspections	..	..	..	..	..	416
			Grand Total			3,760

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	..	..	176
Number of Re-Inspections	..	..	..	..	..	..	..	..	2,026
							Total	..	2,202

C.—PUPILS FOUND TO REQUIRE TREATMENT.

<i>Group.</i>	<i>For defective vision (excluding squint).</i>					<i>For any of the other conditions recorded in Table II.</i>		<i>Total individual pupils.</i>	
Entrants	61	139		187	
Second Age Group	72	33		101	
Third Age Group	89	18		104	
Total (prescribed groups)	222	190		392	
Other Periodic Inspections	35	17		51	
Grand Total	257	207		443	

D.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE
YEAR IN THE AGE GROUPS.

<i>Age Groups.</i>	<i>Number of Pupils Inspected.</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2.</i>	<i>No.</i>	<i>% of Col. 2.</i>
Entrants	1,675	1,636	97.68	39	2.32
Second Age Group	835	828	99.16	7	.84
Third Age Group	834	829	99.40	5	.60
Other Periodic Inspections	416	402	96.63	14	3.37
Total	3,760	3,695	98.27	65	1.73

TABLE II.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.	Periodical Inspections.		Special Inspections.	
	No. of defects.		No. of defects.	
	Requiring treatment	Requiring observation only	Requiring treatment	Requiring observation only
Skin	29	24	—	1
Eyes (a) Vision	257	250	10	4
(b) Squint	36	8	—	1
(c) Other	6	16	—	—
Ears (a) Hearing	3	11	—	—
(b) Otitis media	6	10	—	1
(c) Other	—	2	—	1
Nose and Throat	31	195	—	4
Speech	6	34	1	1
Lymphatic glands	3	28	—	—
Heart	1	12	—	—
Lungs	29	59	—	2
Developmental—				
(a) Hernia	5	8	—	—
(b) Other	1	4	—	—
Orthopaedic—				
(a) Posture	5	13	—	—
(b) Feet	7	16	—	—
(c) Other	28	69	1	1
Nervous system—				
(a) Epilepsy	4	—	—	—
(b) Other	3	6	—	—
Psychological—				
(a) Development	3	29	8	2
(b) Stability	4	28	4	—
Abdomen	1	11	—	—
Other	10	19	2	1

TABLE III.
AVERAGE HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN.

Children Measured and Weighed.	Year of Birth	Average Height		Average Weight	
		Ft.	Ins.	Sts.	Lb.
37 boys	1951	3	6½	3	2¼
44 „	1950	3	9¼	3	6¼
44 „	1949	4	0	3	12¼
41 „	1948	4	1¼	4	1¼
57 „	1947	4	3½	4	7¾
49 „	1946	4	5½	4	13
65 „	1945	4	7	5	10
73 „	1944	4	9½	6	4
56 „	1943	4	11¼	6	9¼
50 „	1942	5	2	7	7¾
22 „	1941	5	3	7	13
31 girls	1951	3	7	3	2
35 „	1950	3	9¼	3	6
48 „	1949	3	11¼	3	10
37 „	1948	4	1¾	4	5½
41 „	1947	4	3½	4	8½
45 „	1946	4	5½	5	0½
54 „	1945	4	7¾	5	12
57 „	1944	4	10	6	8¾
47 „	1943	4	11	6	12½
65 „	1942	5	1¼	7	9¾
20 „	1941	5	2½	8	3

DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers—								
	(a)	At Periodic Inspections..	..	..	..	..	..	..	7,429
	(b)	As Specials	..	..	..	..	..	..	69
							Total	..	7,498
(2)	Number found to require treatment		..	..	..	..	..	..	4,240
(3)	Number offered treatment		..	..	..	..	..	..	4,223
(4)	Number actually treated		..	..	..	..	..	..	1,766
(5)	Attendances made by pupils for treatment, including those recorded under 11 (h)								5,166
(6)	Half-days devoted to: Periodic Inspection		..	..	..	..	..	..	78½
		Treatment..	..	..	..	..	..	..	796
							Total	..	874½
(7)	Fillings — Permanent Teeth		..	..	..	..	..	..	3,858
		Temporary Teeth	..	..	..	..	..	..	187
							Total	..	4,045
(8)	Number of Teeth filled — Permanent Teeth		..	..	..	..	..	..	3,308
		Temporary Teeth	..	..	..	..	..	..	177
							Total	..	3,485
(9)	Extractions — Permanent Teeth		..	..	..	..	..	..	381
		Temporary Teeth	..	..	..	..	..	..	473
							Total	..	854
(10)	Administration of general anaesthetics for extraction		..	..	..	..	..	..	213
(11)	Orthodontics: (a) Cases commenced during the year		..	..	..	..	..	..	38
		(b) Cases carried forward from previous year	..	..	..	..	..	..	11
		(c) Cases completed during the year	..	..	..	..	..	..	14
		(d) Cases discontinued during the year	..	..	..	..	..	..	4
		(e) Pupils treated with appliances	..	..	..	..	..	..	30
		(f) Removable appliances fitted	..	..	..	..	..	..	30
		(g) Fixed appliances fitted	..	..	..	..	..	..	—
		(h) Total attendances	..	..	..	..	..	..	344
(12)	Number of pupils supplied with artificial dentures		..	..	..	..	..	..	13
(13)	Other operations: Permanent teeth		..	..	..	..	..	..	1,018
		Temporary teeth	..	..	..	..	..	..	488
							Total (13)	..	1,506